

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

111 488

FILING DATE

1-14-80

APPLICANT(S)

Klawitter

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		/		/		
5		/		/		
6		/		/		
7		/		/		
8		/		/		
9		/		/		
10		2		2		
11		/		/		
12		/		/		
13		/		/		
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49						
50						
TOTAL IND.	3		4			
TOTAL DEP.	16		15			
TOTAL CLAIMS	19		19			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS						